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ABSTRACT

Every two seconds somewhere in the world a child dies from a preventable disease. Millions lack access to safe drinking water. Smoking, alcoholism, and drug abuse are on the increase in developing nations. In the United States, experts estimate that one out of every ten people, a majority of them women and children, go to bed hungry, and the poverty rate among children below the age of six has reached twenty-five percent. As individuals with common aspirations and strengths we live in a world that is economically, socially, and politically interdependent. Unlike curricula that focus on health behaviors and issues that are important to daily life in the United States, this module familiarizes high school students with some of the major worldwide health issues, as well as with current efforts to improve the well-being of the world's population, particularly those people who do not have access to the fundamental requirements for healthy living. Instructional methods suggested are: teacher presentation, newspaper review, class discussion, small-group work studies, brainstorming, statistics work, consensus building, and group planning. (BZ)

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Teenage Health Teaching Modules

Health for All

ED284817

Field Tested and Revised

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Teenage Health Teaching Modules

Health for All

Project WHERE

(World Health Education Resources Exchange)

Field Tested and Revised

Recommended for grades 9 and 10

Developed by Education Development Center, Inc., for the American Association for World Health, with funding from the U.S. Agency for International Development.

Technical review provided by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, the original funder of the Teenage Health Teaching Modules Program.

Development of Health for All was made possible by a grant from the Agency for International Development (AID), the federal government agency responsible for the United States foreign aid programs. Since 1982, AID's Development Education Program has implemented a domestic education effort authorized by the Biden-Pell Amendment and designed to increase public awareness, understanding, and concern for world hunger, poverty, and related development issues.

Health for All is designed to be part of the Teenage Health Teaching Modules (THTM) program, a health education curriculum for adolescents developed by Education Development Center, Inc. (EDC). Original funding for the THTM program was provided by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services. The Center for Health Promotion and Education reviewed the Health for All module and provided technical advice to the developers.

The overall goal of the THTM program is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being, and that of the families, schools, and communities to which they belong.

The THTM program emphasizes development of the following health skills: self-assessment, communication, decision making, health advocacy, and self-management. For a complete description of the THTM program, additional materials, or assistance in using these materials, please write or call Teenage Health Teaching Modules, Education Development Center, Inc., 55 Chapel St., Newton, MA 02160 (617) 969-7100.

Teenage Health Teaching Modules

Health is Basic: An Introduction to the THTM Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Comunicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Health for All

Handling Stress

Violence Prevention Curriculum for Adolescents (Available September 1987)

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

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Introduction

HEALTH FOR ALL BY THE YEAR 2000

In 1978, the International Conference on Primary Health Care, which was organized and sponsored by the World Health Organization (WHO) with the United Nations Children's Fund (UNICEF), met in Alma-Ata, in the Soviet Union, to adopt an agreement and issue a declaration urging all governments to protect and promote the health of their people. This historic agreement set a goal and a challenge: Health for All by the Year 2000.

> The conference declared that the health status of hundreds of millions of people in the world today is unacceptable, particularly in developing countries. More than half the population of the world does not have the benefit of proper health care.
>
> In view of the magnitude of health problems and the inadequate and inequitable distribution of health resources between and within countries, and believing that health is a fundamental human right and worldwide social goal, the conference called for a new approach to health and health care, to close the gap between the "haves" and "have-nots", achieve more equitable distribution of health resources, and attain a level of health for all the citizens of the world that will permit them to lead a socially and economically productive life.
>
> WHO, Report of the International Conference on Primary Health Care

The Declaration of Alma-Ata also includes a strategy for achieving this ambitious goal: primary health care.

> Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

World Health: Accomplishments and Challenges

Much has already been accomplished: Oral Rehydration Therapy (ORT), a simple and inexpensive treatment for dehydration (loss of fluid) is dramatically improving the chances that millions of infants and children can survive attacks of diarrhea; in Indonesia, community volunteer health workers are bringing a wide range of maternal and child health services, such as nutrition education, growth monitoring, and family planning, to people at the village level; and, as a result of a decade-long immunization program, the last naturally occurring case of smallpox in the world was reported in 1977.

However, much remains to be done. Every other second somewhere in the world a child dies from a preventable disease. Millions lack access to safe drinking water. Smoking, alcoholism, and drug abuse are on the increase in the developing nations. In the United States, experts estimate that one out of every ten people, a majority of them women and children, go to bed hungry, and the poverty rate among children below the age of six has reached 25 percent.

We live in a world that is economically, socially, and politically interdependent. Events in other countries, such as an accident at a nuclear plant or the decision to raise or lower the price of oil, can directly affect our lives. In a similar way, decisions made in the United States can influence people living half a world away.

The quality of life for all of us--perhaps our very survival--increasingly depends on the ability of people to work together to solve mutual problems and improve living conditions, both in developed and developing countries. A world where three billion people live in poverty, a world where half of the population does not have access to proper health care, is not only morally unacceptable but also unstable and dangerous for everyone. Each one of us therefore has a stake in working to create a safer, more equitable world climate.

Improving Health for a Better World

A primary goal of any effort to fashion a brighter future for the people of the world is the improvement of health conditions around the globe: health is a prerequisite for economic and social development, as well as a fundamental human right. And as economic and social conditions improve, so do the opportunities for people to live full, productive lives.

Whether or not we can achieve the goal of Health for All by the Year 2000 will depend on the willingness of people not only to promote their own health but also to take action to improve the health of others. Young people in particular need to develop an understanding of the possibilities and problems associated with

world health issues, because as adolescents they are forming opinions and attitudes that will carry over into their adult lives. While the emphasis on personal responsibility for individual health behaviors is critical, we believe that it is also important to add the concept of social responsibility to the "personal behavior" issues addressed in other health curricula. Individuals make choices about drinking, smoking, diet, and exercise that affect their well-being; citizens also make choices--through the ballot box, volunteer work, and their support of causes with priorities they share--that can promote the well-being of others.

Acts of caring for those in need are a hallmark of young people. One of the paradoxes of adolescence is that the strong emerging sense of self is coupled with an idealistic concern for the plight of others. Caring for others is consistent with the idealism of adolescents, their belief in what is possible, and their energy to undertake challenging projects.

Unlike curricula that focus on health behaviors and issues that are important to us all in our daily lives in America, Health for All familiarizes students with some of the major health issues worldwide, as well as with current efforts to improve the well-being of the world's population, particularly those people who do not have access to the fundamental requirements for healthy living: adequate diets, immunization, clean water supplies, basic sanitation, essential drugs, education, and therapeutic measures.

This module takes an approach that stresses the common aspirations and strengths that people share, regardless of where they live. We also want students to understand that people's ability to achieve their aspirations may be limited by their social and economic environment, but that people working together--as individuals, with classmates, in their families and communities--can make the world a safer and healthier planet for all.

HOW TO USE THIS MODULE

Health for All has been developed as part of Project WHERE (World Health Education Resources Exchange), a World Health Program for Secondary Schools. Project WHERE is a collaboration between the American Association for World Health (AAWH) and Education Development Center, Inc. (EDC). The goal of the project is to spark public interest in world health issues, particularly among high school students, and encourage them to participate in projects to improve world health. Funding for Project WHERE is provided by the Agency for International Development through its Development Education Program.

Health for All takes an interdisciplinary approach to health by defining it as a prerequisite for economic and social development, and it recognizes that health is influenced in turn by a

variety of factors including food supply, geography, transportation, culture, history, and politics. The module can therefore be integrated into high school classes such as social studies, home economics, geography, and history classes, as well as health education programs.

The module consists of five basic activities. Each activity can be covered in a class period, although we also suggest optional activities that could increase the time spent on the module. Please note the student handouts suitable for reproduction appear at the end of the activity in which they are used.

Some of the health-related terms used in the module may not be entirely familiar to students, and in fact, teachers mights not find it easy to define them with precision. To that end, a glossary is included in the module following the last activity.

Health for All and the Teenage Health Teaching Modules Program

Health for All is consistent in format and approach to other modules in the Teenage Health Teaching Modules (THTM) program, a comprehensive health education curriculum for adolescents developed by Education Development Center, Inc., and funded by the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U. S. Department of Health and Human Services.

THTM encourages students first to explore issues about themselves and then to move on to ever-widening circles of concern for others. Health for All extends student knowledge beyond their immediate communities and encourages them to develop an awareness of the common interests and identity they share with people throughout our world.

For teachers using the THTM program, Health for All particularly complements Acting to Create a Healthy Environment, building on the overall goals and concepts of that module. In addition, Eating Well, another THTM module that presents information on nutrition, can provide students with an understanding of the components of a balanced and healthy diet, and how good eating practices can contribute to improving chances for enjoying good health.

Health for All and World Health Day

World Health Day originates with the World Health Organization (WHO) and the Pan American Health Organization (PAHO). WHO, comprised of 166 member countries, is the specialized agency for health of the United Nations. PAHO, headquartered in Washington, D.C., serves all the countries of the Americas and is the regional office of WHO.

Committed to "Health for All by the Year 2000," WHO and PAHO conduct and promote research, establish international health

standards, and provide technical cooperation to help develop health agencies and services within countries.

World Health Day, sponsored in the United States by the American Association for World Health on behalf of WHO and the U.S. Department of Health and Human Services, is celebrated every year on April 7, commemorating the date in 1948 when the World Health Organization's constitution was formally adopted.

The purpose of World Health Day is to call attention to the importance of health in our lives and to what we can do to maintain and improve health worldwide. Special activities are planned throughout the world, with 166 countries participating, and include public meetings, health fairs, exhibits, marathons, proclamations, classroom lessons, and concrete actions to improve world health.

We believe that Health for All can be an important addition to classrooms already celebrating World Health Day and an incentive for teachers who would like to include World Health Day in their school calendars. Although exemplary materials for students have been developed on more specialized topics such as nutrition, world hunger, and economic development, Health for All can provide students with a comprehensive introduction to a broad range of world health problems and solutions.

Ann H. Hagenstein
Curriculum Developer and Author
Education Development Center, Inc.
Newton, Massachusetts
January, 1987

Module Overview

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHOD	# OF CLASS PERIODS
<u>One</u> Health for All	Students learn about the general themes of the module and explore health issues in the developed and developing countries of the world.	Teacher presentation, newspaper review, and class discussion	1 - 2
<u>Two</u> New Friends	Students learn about the lives of teenagers in different countries, and discuss similarities and differences among them.	Small-group work using case studies, small-group presentations, class discussions	1 (could be extended through optional activities)
<u>Three</u> Health is Basic	Students develop a working definition of health and think through the conditions necessary for good health, with the help of social and economic indicators.	Class discussion, brainstorming, use of statistics to complete a worksheet	1

ACTIVITY	DESCRIPTION	INSTRUCTIONAL METHOD	# OF CLASS PERIODS
Four Primary Health Care	Students review the characteristics of primary health care and then analyze two examples of primary health care; students then use the primary health care approach to solve a health-related problem.	Mini-lecture, class discussion of case studies, small group problem-solving work	1 - 2
Five From Knowledge to Action	Students learn about different action projects, and select and plan individual or class activities that support the goal of "Health for All."	Case study, brainstorming, consensus building, and group planning	1 - 2

Note: The numbers of class periods listed for each activity are suggestions only. Teachers are urged to make their own determinations based on the interests and abilities of their students.

Goals of The Module

This module will:

- Provide students with an overview of the major health issues and health conditions in the world today, and an understanding of how they affect world development and why they are important to people in the United States.
- Help students understand that good health is dependent on a variety of factors, such as availability of primary health care, education, clean water, basic sanitation, and an adequate food supply. These requirements in turn are basic not only to the development of human potential, but economic and social development as well.
- Acquaint students with current efforts on the part of both governments and private voluntary organizations to improve health in the world.
- Encourage students to become involved in activities to improve world health conditions.

Activity One

Health for All

Objectives

Cognitive: Students will be able to:

- Understand the major goal of the Alma-Ata conference.
- Understand some of the differences between the developed and developing countries of the world.
- List some of the major causes of death and illness in both developed and developing areas.

Affective: Students will:

- Realize that they live in a world that is economically, socially, and politically interdependent.
- Recognize that health conditions remain poor for the majority of people in the world.

Skills: Students will be able to:

- Interpret a simple chart.

Activity at a Glance

Teachers introduce students to the module by presenting an overview of the material. Students then find references in a newspaper to show the connections that exist between the United States and other countries. Teachers provide background information about health conditions in the world.

Preparation

1. Duplicate copies of Developed and Developing Countries of the World, one for each student. (You can find student handouts at the end of each activity.)

2. Duplicate copies of Causes of Death in Rich and Poor Countries for each student.

3. Bring to a class a current daily newspaper cut into individual pages.

Procedure

1. Introducing the Module

Provide students with a brief overview of Health for All. Begin by giving them some background information on the Declaration of Alma-Ata and the theme "Health for All by the Year 2000" from the introduction to the module (see page 1). Explain that throughout the module students will be learning about some important health issues in the international community, as well as about efforts to improve health and living conditions for people throughout the world. They will also learn about ways that they can participate in "Health for All by the Year 2000."

Go on to explain why it is important for them to learn about conditions in other countries as well as in their own:

- We in the United States depend on other countries for food that we import, many of our jobs, and even our national security, because we live in a world that is economically, socially, and politically interdependent. It should be in everyone's best interests for people everywhere to be healthy and productive members of society.

- Many people believe that it is wrong for anyone, anywhere, to go hungry, to be very poor, to be sick, or to die unnecessarily. We need to understand what the problems are, and how they can be solved, in order to improve health conditions for people everywhere.

To increase student awareness about world interdependence and the many connections existing between the United States and other countries, pair students and give each set of partners a page from a current daily newspaper. Ask them to circle as many references as they can find to countries outside of the United

States, for example, current events, people in the news, and products originating in other places. They will be able to find references in unexpected places, such as the entertainment section (films produced in other countries or movies set in other countries); advertisements, especially for imported cars, televisions, food products; obituaries, which often mention place of birth; and the sports page (players on U.S. teams from other countries, international competitions, etc.)

Allow five to ten minutes for the pairs to finish their work, then ask each pair to report on how many references they found, give one example, and briefly explain how it demonstrates interdependence.

2. Defining Developed and Developing Countries

Some of the references your students find will be for countries that are very similar to the United States, others for countries that are quite different. Discuss with the class how differences between countries are likely to be related to levels of development.

Explain that level of development refers to how well a country is able to meet the basic needs of its people and provide them with a chance to lead healthy and productive lives. A country where people for the most part are well fed and well educated, where they have adequate housing and sanitation, and can earn enough to support themselves and their families, is referred to as a developed country. Countries that are struggling to meet the needs of their people, develop their economies, and improve health services are called developing countries. Although developing countries are different from each other in many ways, they share some common characteristics:

- Poverty is widespread. Although there are poor people in every country, poverty is more extensive and severe in most developing countries.

- Their populations are growing faster than the populations in developed countries, particularly in urban areas like Mexico City. More people means that even more housing, schools, jobs and clinics are needed, placing additional demands on already strained resources.

- Most people work in agriculture on small plots of land. If crops fail, as for example in a drought, food will be scarce.

- More children die of preventable diseases, and people on the average have shorter lifespans than in developed countries.

- Developing countries have less capital to use than developed countries to produce the products and services needed to improve living conditions. Machinery, tools, factories, dams, power plants, roads, and trucks, as well as people's skills and knowledge, are all examples of capital.

To further students' understanding about developed and developing countries, distribute and review the handout, Developed and Developing Countries of the World. Explain that the shaded areas on the map represent the developed countries of the world. There are about 30 developed countries and their total population is about one billion. In these countries most people have a high standard of living compared to the rest of the world, and enjoy a level of health and comfort unknown in other countries.

The unshaded areas represent the developing parts of the world, about 100 countries with a total population of about three billion. These areas are sometimes called "less developed" or "Third World" countries.

Summarize the information on developing and developed countries and emphasize that:

- Three times as many people live in the developing countries as in the developed countries.
- More than two-thirds of all nations in the world are considered to be developing countries.

Go on to explain that although life expectancy (the average number of years newborn babies are expected to live) has increased in both developed and developing areas in recent years, life expectancy in the poorest countries is well below that in the richest nations, and health conditions for the majority of people in most developing countries are poor. For example,

- Only twenty percent of children in the least developed countries are immunized against six common childhood diseases: diphtheria, whooping cough, measles, polio, tetanus, and tuberculosis. As a result, five million people die each year and another five million are disabled. These diseases are particularly dangerous to children who are already suffering from malnutrition (the effects of not getting enough to eat or not getting the right things to eat).
- Eighty percent of the world's preventable disease is related to contaminated water and inadequate sanitation; in some areas, less than 20 percent of the population has access to clean drinking water.
- In the least developed countries, approximately two-thirds of the children under five are malnourished.
- In the poorest countries, life expectancy may average less than 50 years, compared to 75 years in the United States.
- Every year, diarrhea kills five million children under five; malaria, a disease that is characterized by cyles of chills,

fever, and sweating, takes the lives of one million people in Africa alone; one-third of all people in the world are infested with hookworm, a parasite that attaches itself to the intestine, causing malnutrition and other complications.

- Fifteen million children die each year; almost ninety-nine percent are in the developing world.

- Even in the United States, a developed country, nine million children have no regular access to basic health care.

One way to understand the major health needs in the developing and developed world is to look at the major causes of death for each. Distribute the student handout "Causes of Death in Rich and Poor Countries, 1980." Major points to emphasize:

- Diarrhea, diseases caused by parasites (organisms that live on or attack other organisms) and respiratory infections have been largely controlled in the developed world; in poorer countries they still take a heavy toll, and young children are especially vulnerable to these types of diseases.

- The major causes of death in the developed world are heart disease and cancer, diseases that usually develop over time and appear in the middle and later years of a person's life. Public health officials estimate that at least half of the deaths of persons younger than 65 due to cancer and heart disease could be avoided by preventive measures, such as stopping smoking, getting enough exercise, eating well, and reducing alcohol use.

End the session by telling students that in the next four activities, they will explore the lives of people living in countries around the world, and learn some of the ways in which the goal of "Health for All by the Year 2000" can be achieved.

MAP OF THE DEVELOPING AND DEVELOPED COUNTRIES OF THE WORLD

CAUSES OF DEATH IN RICH AND POOR COUNTRIES, 1980

Disease or Cause of Death	Developed Countries	Developing Countries
Diarrheal Infections and Parasites (including malaria)	1%	17%
Respiratory Infections (Pneumonia is an example)	8%	18%
Heart Disease and Strokes	48%	18%
Cancer	21%	8%
Intentional and Unintentional Injuries	7%	7%
Other	15%	32%
TOTAL	100%	100%

(Source: WHO Data Bank)

Activity Two

New Friends

Objectives

Cognitive: Students will be able to:

- Compare and contrast facts about the lives of young people from different countries.

Affective: Students will:

- Realize that young people everywhere share many similar concerns.

Skills: Students will be able to:

- Analyze and discuss case study material and report on what they have learned to the class.

Activity at a Glance

Students work in small groups and use case studies to learn about the lives of teenagers in selected countries. Each group then introduces its "new friend" to the class. Through discussion, students compare the lives of the teenagers in the case studies with their own lives, with emphasis on how youth throughout the world share similar aspirations.

Preparation

1. Bring in a large map or globe, if one is not already available in the classroom. This map should be accessible to students throughout the remainder of the module.

2. Duplicate enough copies of each case study so that every student in a small group receives one. For example, if there are twenty students who will be divided into four small groups of five, make five copies of each case study.

Procedure

1. Introducing Case Studies

Tell the class that learning about the lives of people in other countries is one way to begin to understand their hopes and needs, and that they will have an opportunity now to read a case study of a young person about their age.

Divide the class into small groups. You can either assign a case study to each group, or ask each group to select one of particular interest from the following list:

- Kamal, age 15, from Jordan
- Wilfred, age 14, from Venezuela
- Francisca, age 18, from Kenya
- Sravuth, age 14, from Thailand
- Tina, age 17, from the United States

Let students find the country where each new friend lives on the globe or map in the classroom.

As you distribute the case studies, tell the groups that they should read their cases and discuss their responses to the questions at the bottom of the sheet. Then they should decide how they will introduce their new friend to the rest of the class. One group might decide to choose a spokesperson who will report to the class on the case study and results of the small-group discussion. Another group could decide to do a brief role play (for example, an interview) that conveys some important information about the person.

Note: If your students are uncomfortable making presentations in front of the class, you may want to ask the small groups to prepare written reports to be collected and read aloud. If you choose this option, you will need to allow more time for the activity.

Allow 15 to 20 minutes for small-group work.

2. Reporting on and Discussing Case Studies

Reconvene the class and give each group five minutes to make its presentation.

After the presentations, discuss the following questions:

- What more would you like to know about these people?
- What would you talk about if you could spend some time with them?
- In what ways do they seem similar to you and your friends?
- In what ways are their lives different?
- What are their chances for enjoying good health?
- What problems do these people face that are different from your own? That are similar to your own?

If students need help thinking about similarities between themselves and the young people in the case studies, suggest that young people, regardless of where they live, are concerned about what their future will hold; they think about how they can earn money, either now or in the future; they have families and friends that they care about; they want the chance to lead happy and fulfilling lives.

End the discussion by telling students that, despite the many things that people have in common, a majority of the earth's population, particularly in the developing countries, (and perhaps some of your own students as well) face difficult odds. In the next activity the class will learn what some of these barriers are and how they affect the ability of people to lead full and healthy lives.

Optional Activities

1. Guest Speakers

Arrange for someone who has lived or worked in another country to visit the classroom and talk about the lifestyles, opportunities, and challenges of the people they know there. Some ideas include returned Peace Corps volunteers, teachers or students in your school who have spent time abroad, students who have recently come to the United States from another country, representatives from official U.S. government or international private voluntary agencies concerned with international issues, such as AID, WHO, the American Red Cross, Oxfam America, and Save the Children. Refer to the Resource section at the end of this module for more information.

Suggest to the guest that he or she bring in photographs, examples of art, souvenirs, etc., to share with the students.

Before the visit, help students prepare a list of questions. For example:

- What is a typical day like for a boy and a girl our age?
- What do they do for fun? What sports do they play?
- What are their houses and schools like?
- What are the major health problems that people face?
- What happens if they get sick? What kind of help is available? What happens if they get a toothache?
- What efforts are being made to meet the goal of "Health for All by the Year 2000?" (This question may be difficult for someone who is not in the medical or public health field.)

2. Pen Pals

Your students may be interested in corresponding with students who live in other countries. The Information Center on Children's Culture, U.S. Committee for UNICEF, can provide information on how to get names. You can contact them by writing: The Information Center on Children's Culture, Communications Department, U.S. Committee for UNICEF, 331 East 38th Street, New York, NY 10016; or calling: (212) 686-5522. Students should understand that a pen pal from a developing country who can correspond in English may not be typical of the young people in that country.

CASE STUDY: KAMAL, JORDAN

Kamal is 14 years old and lives in a refugee camp near Amman, the capital of Jordan. There are over 63,000 people crowded into the camp. Most of the families had to move to the camp from their homes on the west bank of the Jordan River because of the Arab-Israeli war in 1967.

Kamal talks about his life:

> I work as a street peddler in Amman. I sell candy to tourists and shoppers. I have done this since I was twelve. I must work because I need to earn money to bring home to my family. We are very poor. So every day I get up at six and catch a bus into the city, carrying my box of candy.
>
> There are many young people like me who sell goods on the street. Some sell wristwatches. Some sell clothes. Some sell cassettes. We have our own way of getting customers. Some notice someone's interest in something, so they go up to them and ask if they need anything. Others may wait until someone shows a real interest. And then there are some who push hard, they call to everyone who passes by. Sometimes people buy from me because they feel sorry for me. Some of them buy because they are nice and some are so nice they want to give me money without taking a candy, but I say that they have to take one.
>
> The shopkeepers who have stores on the streets where we work don't like us, and they try to make us move from in front of their shops. Sometimes the police come and make us move. But business can be good, and I can save a little money. With the money I save, sometimes I am able to go to the movies. I like the films and I dream sometimes that I am the film hero. I would be fighting everything that comes my way, meeting a rich man's daughter, and then inheriting her father's business.
>
> I also have to save money for the bad days in winter when it rains or for when I am sick and cannot go to work. There is much sickness in the camp. One day one person will become sick, then the next day ten. Then there seems to be more people sick than well. Every year we have times like this. Last year one of my sisters died. It is just a fact of life. I also need to save some money because I want to buy some land and become a farmer. It is my ambition to work my own land. Then I will never be hungry again, and what I don't eat myself I can sell.
>
> When I first started to work I felt lonely, but now I have overcome these feelings. I have to work hard searching for customers, and I stop working whey my bones ache. Sometimes when I pass by a school and see cheerful boys coming to their classes, I feel a little pain for myself. I envy their bright blue and white uniforms. I have only three shorts, two shirts, and a pair of shoes. I bought them all from the used clothing market. I would also like to learn how to read and write, but I know I cannot go to school because I don't have time for it.

(Adapted from Slameh Ne'matt, UNICEF News, Issue 121/1984/3, pp. 20-21, "Why Should You Care.")

Questions for Discussion: Kamal

- Kamal's family depends on him to earn money. How many of you have responsibilities (such as chores around the home) in your own families? What are these responsibilities? How do they help your family? How would you compare what you do to Kamal's responsibility?

- If you had had to get a job when you were 12, what work could you have done? How much money could you have earned?

- Kamal talks about the sickness in his camp. Why do you think sickness spreads to so many people so fast? (Think about a time when a lot of people in your school have been sick with flu.) What conditions in the camp could help diseases spread?

- What does Kamal want to do with his life? What do you think his chances are? What do you think will have to happen for his hopes to come true?

CASE STUDY: TINA, U.S.A.

Tina, 17 years old, lives in a small rural town in the United States. She dropped out of school last year when she was in the eighth grade and her baby Eric was born. She lives with her mother and four younger sisters and brothers in a four-room house with no running water and no well. Tina explains, "We have to go to a neighbor's tap for our water and carry it back in a jug."

Tina's baby is eleven months old. He is quiet, his belly is slightly swollen, and his eyes are sad. His black hair shows signs of turning reddish. Tina says that Eric doesn't like food much, although he likes soft drinks. But she is very proud of him. "He never cries." Tina doesn't know what happens when babies don't get enough of the right kinds of food to eat, and she doesn't see the warning signs of malnutrition in Eric.

People where Tina lives used to work on the farms. Her mother left school after the fourth grade to pick cotton. But now machines do most of the work, and there aren't many jobs for people like Tina and her mother, who don't have the training for the few jobs that exist.

Tina's father left the family three years ago. "My father used to work for the man who runs the farm that our house is on, so he lets us live here even though my dad left. We had a garden out there in the back last year. We raised some peas, some sweet potatoes, some butter beans and melon. We had us a good garden."

This year the farmer used the garden space himself, so Tina's family could not grow any of their own food. Tina, her son, her mother, and the other children in the family receive food stamps, but often run out of food before the next month's stamps arrive. "Last winter was real hard. There was a time when we didn't have any food at all in the house. We had food stamps, but we couldn't find anyone to take us to the store. It's about 30 miles from here. You pay somebody to take you, for the gas and all. I remember it was real bad. We had nothing to eat and we were real hungry. I was mad."

(Based on Hard Choices: Portraits of Poverty and Hunger in America, Save the Children Fund, 1984.)

Questions for Discussion: Tina

- Think about the water you and the other people in your family use each day. Try to imagine that you have to carry that water to your home from a faucet some distance away. (Each gallon of water weighs eight pounds, not counting the bucket it is carried in.) How much time would it take you? How would you feel about doing that?

- When was the last time you remember being hungry? What did you do? How would you feel if you were hungry for a long period of time, without money to buy food or a way to get to a store?

- Eric, Tina's son, shows signs of malnutrition (swollen belly, black hair turning red in places, and a sad and quiet way of acting). Does it surprise you that malnutrition is a problem in the United States?

CASE STUDY: FRANCISCA, KENYA

Francisca is 17 years old and lives in a small village in Kenya. There are twelve huts in the village, and all the people living there are related.

The villages (or clusters of huts) are separated by shrubby hills and fields where the families grow their food: corn, sugar cane, peanuts, yams, spinach, and casaba root (for flour). The land is fertile, but there is not enough of it to support all the people who live in the district. Experts estimate that one child in three suffers from malnutrition. Malaria, measles, diarrhea, and respiratory infections are also severe health problems.

The huts in Francisca's village are made of mud and cow dung, with straw roofs. They are simple, cool, and always very clean. The furniture is also simple: some cots, tables, and wicker chairs. There is no running water in the huts, but there is a pump in the center of the village and an outhouse that people can use.

Francisca is the first-born daughter of her father's first wife. (He has three wives.) As a female, she is expected to help other women look after the younger children, cook, keep the huts clean, carry water from the river or the pump in the village, and work in the fields. The men work in the fields at harvest time, but consider other chores to be "women's work."

The children in the villages attend school in the nearest town, but not every day, particularly if their help is needed at home. Francisca learned to write and speak English at school.

Francisca left school last year after finishing the sixth grade. She had hoped to get a scholarship to continue her schooling, but she did not qualify. She has looked for a job, but reports that "there are no jobs in Kenya for a girl like me." Therefore, she has decided that her only choice is to marry a young man to whom she has been engaged for three years.

In the summer of 1985, a group of young people from a YMCA/YWCA camp in the United States came to Francisca's village to help the people build a community center in the nearest town. One of the campers lived with Francisca and her family, and she and Francisca became good friends. They still write each other. In one of her letters, Francisca tells about the community center.

> I have good news. Our community center in town is finally finished, and our health worker is very pleased. Now she can hold classes for the young mothers in our villages to teach them how to care for their babies. She also keeps her supplies at the center, and once a week holds a surgery [similar to office hours] where people can get medicine if they are sick.
>
> When I see the new center I think of you and wonder if you are playing soccer and doing your exams. I am very glad to receive your letters.
>
> I beg to remain your friend,
>
> Francisca

(Based on an interview with Sarah Carothers, Wellesley, MA., the camper who lived with Francisca.)

Questions for Discussion: Francisca

- In some cultures women bear an unequal share of the work and have even fewer opportunities than men. Do you think this is true for Francisca? If so, give an example. Do you think this is true in the United States? Is so, what impact does this have on a family? On the economy? On women's and children's health and well-being?

- If you were one of the campers who went to Kenya to help build a community center, what would you think about life there? What would be the hardest thing to adjust to? What would make it a good experience?

CASE STUDY: WILFRED, VENEZUELA

Not all people who live in developing countries are poor, just as not all people who live in the developed countries are rich. Fourteen-year-old Wilfred lives in Barquisimeto, Venezuela, with his parents, who are both lawyers, his younger sister Fiorella, and his little brother, Davide. Although the family lives very comfortably, Wilfred knows that others in his country are not as fortunate.

I go to a private school from 7:30-12:45 every day. Children in my country attend either public school or private school, but everyone goes in the mornings only.

Our school day starts with the singing of the national anthem. Then we have classes in religion, grammar, math, science, health, even English. Twice a week we have physical education.

My parents are very involved with my school. They go to many meetings, meet with teachers, and help raise money.

After school, I go home, eat lunch, relax, or visit with friends. Three times a week I take lessons--swimming or tennis.

On weekends I swim, play with friends, or go to the movies. My friends and I like disco music.

On Sunday, the whole family goes to church, then to lunch, then to visit friends. Sunday nights we watch TV--that's the night when we watch a movie on television.

In my country we have many poor people who have a hard time in life. For example, we have public and private hospitals. Poor people must go to the public hospitals which are very crowded. Things are very bad. There are long lines and sometimes people die in the hallways waiting to see a doctor. Private hospitals are much better but you need a lot of money.

There is a big campaign in Venezuela to teach people about vaccinations. TV and schools help spread this message. But for families who don't have TV or children who don't go to school, there is still a problem. Many, many children still don't get vaccinations.

Our family buys bottled water and we also get water coming into the house in pipes. If we use water from the pipes, we have to boil it. Many families in my country do not have plumbing and drink water from streams or village wells.

I want to go to the university and become an electrical engineer. There are nine universities in the country, and much competition to get accepted, so I will have to work hard in school for good grades. But I would like a job where I can make things better for people who aren't as lucky as I am.

(Based on an interview with Wilfred Faroh.)

Questions for Discussion: Wilfred

- In what way is Wilfred's life like yours? How is it different?
- Wilfred is aware that life in his country is very different for people who are not as fortunate as he is. How do you think he feels about this? How do you think this difference affects the poor people in his country? How do you feel about wide differences between the fortunate and the less fortunate within a country?
- What responsibility does Wilfred have to try and help people who are less fortunate than he is?

CASE STUDY: SRAVUTH, THAILAND

Sravuth is a shy 14-year-old boy who was born and has lived all his life in the largest slum in Bangkok, the capital of Thailand. Sravuth moved in with his grandmother when he was two years old because his parents had five older children to care for.

About the time Sravuth came to live with his grandmother, a new health center opened in their neighborhood. Although she was a little hesitant, Sravuth's grandmother took him to the center because he seemed very small for his age and wasn't gaining weight.

A health worker examined Sravuth and then talked to his grandmother, "Sravuth needs to eat more and he needs to eat different kinds of food, not just rice. Our center serves a healthy meal each day for children like him. Why don't you bring him back tomorrow?"

Soon Sravuth and his grandmother were regular visitors to the center. The next time the health worker weighed Sravuth, he had gained three pounds. When the center began a program to immunize children, Sravuth was one of the first to get his shots.

Sravuth will finish sixth grade soon. He will be one of four million Thai youths competing for places in secondary schools. He wants to go to school and do well and participate in sports. In short, he wants the opportunity for a decent life. The principal of his elementary school says, "Sravuth is one of our school's bright students. He could continue his studies and realize his dream. But like most of our students, Sravuth's family is very poor."

Sravuth helps his grandmother by washing his own clothes and keeping their small one-room house clean. He also spends many hours each day after school making paper bags. Together he and his grandmother make about 2,000 bags a week and earn $7.50.

Although his family's poverty does not promise a very bright future, Sravuth has a dream: he wants to be an architect. In spite of everything, his dream may yet come true. He is lucky for two reasons: he is a talented painter who has already won nine national prizes for art competitions; he is also getting help from a private foundation that supports gifted teenagers. He also got a good start in life, thanks to his grandmother's concern and the help from the health center. So Sravuth is hopeful:

> The reason I want to become an architect is to be able to design a big home for my family. There will be no more paper bags for grandma. When I grow up I want grandma, grandpa, father, mother, and my sisters and brothers to be together with me--we'll have a big happy home.
>
> I feel I am more fortunate than many of my friends. Some don't have any parents, not even a grandmother. I've seen some of my classmates who come to school without any money to buy lunch. I usually share my lunch with these friends. Grandma always tells me to share things with our less fortunate friends.

(Adapted from Supachai Na Pombejr, UNICEF News, Issue 121/1984/3, pp.27-28, "Where Talent Blossoms."

Questions for Discussion: Sravuth

- What do you think Sravuth's life would have been like if his grandmother had not taken him to the health center?
- Sravuth's dream to become an architect will mean an uphill struggle. What are some of the factors that make it hard for him? What problems could arise? What will help him? (Include his own strengths as well as other supports.)
- What opportunities would a 14-year-old student like Sravuth have in this country? Put yourself in this position. What would you do to make your hopes for the future come true?

Activity Three

Health is Basic

Objectives

Cognitive: Students will be able to:

- Define "health."
- Understand that health depends on a variety of conditions, and list at least five of them.
- Identify some of the social and economic indicators that can be used to assess a country's health environment.

Affective: Students will:

- Realize that the conditions necessary for good health vary among countries and within countries.

Skills: Students will be able to:

- Interpret and draw information from a chart of social and economic indicators.
- Draw conclusions by analyzing factual information.

Activity at a Glance

The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The class develops a working definition of health that goes beyond "absense of disease or illness" to include the ability of people to live full and productive lives. Then students brainstorm and discuss the conditions necessary for good health. After the class has

compiled a master list of necessary conditions, they use social and economic statistics (indicators) to complete a worksheet, and then think about how these conditions can vary among countries in the developed and developing world, as well as within countries, and how health is related to the stage of development in a country.

Preparation

1. Bring newsprint and a marker to class.

2. Duplicate the Worksheet on Health and Social Indicators and the table Social and Economic Indicators, one for each student.

Procedure

1. Defining Health

It is important for students to recognize that health is not just the absence of disease or illness (as important as that is), but a condition of well-being that permits people to realize their full potential. The following exercise will help the class develop their own broad definition of health. (This exercise is adapted from Health Is Basic, the introductory module of the Teenage Health Teaching Modules program.)

In a national survey conducted several years ago, teenagers were asked what they thought about health and what the most important health issues were for them. These students defined healthy people as people who are lively, strong, and able to do what they want, not tired, run down, or without much energy. Ask students to discuss this definition and add their own ideas to it. You can make the process more concrete by having them list phrases to describe a healthy person: for example, "a healthy person is..." or "a healthy person is someone who can...." Record the responses on newsprint or chalkboard.

When students have had a chance to develop their own definitions, explain that Health for All is based on a very broad definition of "health" that probably includes a lot of the things they listed on the board:

> Health is a condition that enables people to live fully, realizing their full potential. It involves all aspects of an individual's life: physical, mental, and social.

Ask them how this definition relates to their own suggestions. Can it incorporate all of them?

2. Listing Conditions Necessary for Good Health

Next, based on this definition, ask students what conditions they feel are necessary for good health. To help them get started, you might emphasize that health depends on a broad range of social, economic, and environmental factors as well as on effective medical measures. For example, in the United States, before the discovery of antibiotics and other medical breakthroughs, the control of diseases like tuberculosis, pneumonia, and chronic diarrhea was achieved partly through improvements in sanitation, housing, personal incomes, nutrition, and changes in behavior that accompanied higher levels of literacy and education. Ask students to jot down on a piece of paper ideas based on their own experience about the conditions necessary for good health. When they have finished, go around the class and ask each student to contribute one condition. Keep a list of the suggestions on newsprint, eliminating duplications. The list should include items like the following:

- Enough of the right types of food to provide a person with a nutritious diet
- Education and information so that people can make good decisions about health
- Adequate housing
- Good sanitation
- A clean and safe water supply
- Access to basic health services, such as immunization programs and dental care
- A good start in life for babies and small children
- The absence of widespread poverty
- The absence of pollutants such as smoke, drugs, and pesticides

When the list is complete, hang it in a prominent place so students can refer to it throughout the rest of the module.

3. Understanding and Using Health Indicators

Distribute the Worksheet on Health and Social Indicators and the table of Social and Economic Indicators. Explain that many of the conditions necessary for health that the class has listed may not exist in developing countries, especially the poorest of them.

Tell students that one way to assess a country's health environment is to use standard indicators, such as life expectancy and infant mortality, because they can be tools to help us understand the basic conditions in a country.

Review the categories of data provided on the table Social and Economic Indicators. Data comes from The Development Data Book, a compilation of social and economic statistics developed by the World Bank, Washington, D.C., 1984.

- Life expectancy at birth is the average number of years newborn babies are expected to live if health conditions stay the same.
- The infant mortality rate is the number of babies who die during their first year of life per 1,000 live births.
- The daily per capita calorie supply as a percentage of the requirement is the average number of calories available to people in a country as a percentage of the number needed to maintain health. When the percentage is less than 100, people on average consume too few calories to maintain health.
- The adult literacy rate is the percentage of people over 15 who can read and write a simple letter.
- Primary school enrollment ratio is the percentage of eligible 6- to 11-year-olds enrolled in school. (In some countries, the percentage is above 100, showing that pupils who are below 6 or above 11 are in school.)
- Secondary school enrollment ratio is the percentage of eligible 12- to 17-year-olds enrolled in secondary school.
- Average gross national product (GNP) per capita is the dollar value of a country's production of goods and services divided by its population. It reflects the level and value of a country's economic activity. Developed countries have a higher average GNP per capita than developing countries.

Allow students fifteen minutes to complete their worksheet, using the table Social and Economic Indicators.

4. Discussing the Indicators

When students have finished, discuss their findings using the following questions.

- Look at the figures for the educational indicators (adult literacy and school enrollments) and the infant mortality rate in the countries on your worksheet. Is the infant mortality rate higher or lower in countries with low adult

literacy rates? Why do you think this is the case? What about life expectancy?

- Is there a connection between a person's life expectancy and the average GNP per capita? (Remember that the average GNP per capita shows the value of a country's economic activity. Most developed countries have a higher average GNP per capita than developing countries.) Why do you think this is the case?

- What is the relationship between the daily per capita calorie supply and life expectancy? (Remember that if the percentage is less than 100, people on the average have too few calories to maintain health.) What does this tell you?

- Which of these countries are developed countries? Which are developing countries? How can you tell? Are there differences among developing countries? If so, give some examples.

You should also discuss the fact that inequalities in conditions often exist between the "haves" and the "have nots" within countries in both developed and developing areas of the world. For example, you can bring in articles or photographs that depict hunger, poverty, and homelessness in the United States and ask students to discuss how these conditions affect the health and well being of people living in our own country. You can also refer back to "Tina," one of the case studies in Activity Two.

5. Summarizing the Session

In closing, summarize the main points of this session:

- Health is more than just the absense of disease or illness; it is a condition of well-being that allows people to achieve their full potential.

- Health is dependent on a variety of factors such as good nutrition, adequate housing and sanitation, clean water supplies, education, protection of the vulnerable (for example very young children), access to basic health programs, and an adequate level of income.

- These conditions are not shared equally across the globe or even within countries.

WORKSHEET ON HEALTH AND SOCIAL INDICATORS

SELECTED COUNTRIES	Life Expect-ancy at Birth	Infant Mortality Rate	Daily Per Cap. Calorie Supply as % of re-quirement	Adult Literacy Rate	Primary School Enroll-ment	Secondary School Enroll-ment	Average GNP Per Cap.
Costa Rica							
Ethiopia							
New Zealand							
Pakistan							
Peru							
Sweden							
United States							

Directions: Use the chart of Health and Social Indicators to complete this worksheet. Note that countries are grouped on the chart by region, so you may need to look at a globe or atlas to find out in which region of the world each country is located.

SOCIAL AND ECONOMIC INDICATORS

	LIFE EXPECTANCY AT BIRTH (YEARS) 1981	INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS 1981	DAILY PER CAPITA CALORIE SUPPLY AS PERCENTAGE OF REQUIREMENT 1980	ADULT LITERACY RATE (PERCENT) 1980	PRIMARY SCHOOL ENROLLMENT RATIO 1980	SECONDARY SCHOOL ENROLLMENT RATIO 1980	GPN PER CAPITA (DOLLARS) 1981
NORTH AND CENTRAL AMERICA							
CANADA	75	10	127	99	100	89	11,400
COSTA RICA	73	27	116	90	108	48	1,430
CUBA	73	21	122	95	112	71	..
DOMINICAN REP.	62	66	105	67	106	32	1,260
EL SALVADOR	63	75	99	62	74	23	650
GUATEMALA	59	66	93		69	16	1,140
HAITI	54	112	96	23	64	12	300
HONDURAS	59	86	96	60	89	21	600
JAMAICA	71	16	119	90	99	57	1,180
MEXICO	66	54	121	83	120	37	2,250
NICARAGUA	57	88	99	90	100	43	860
PANAMA	71	21	103	85	113	65	1,910
TRINIDAD AND TOBAGO	72	31	113	95	94	56	5,670
UNITED STATES	75	12	139	99	98	97	12,820
SOUTH AMERICA							
ARGENTINA	71	44	125	93	116	56	2,560
BOLIVIA	51	129	87	63	84	36	600
BRAZIL	64	75	109	76	93	32	2,220
CHILE	68	42	114	..	117	55	2,560
COLOMBIA	63	55	108	81	128	46	1,380
ECUADOR	62	80	88	81	107	40	1,180
PARAGUAY	65	46	134	84	102	26	1,630
PERU	58	85	99	80	112	56	1,170
URUGUAY	71	39	110	94	105	60	2,820
VENEZUELA	68	40	112	82	104	39	4,220
EUROPE							
ALBANIA	70	..	110	..	108	63	..
AUSTRIA	73	13	135	99	98	74	10,210
BELGIUM	73	12	160	99	101	89	11,920
BULGARIA	73	20	146	..	97	86	..
CZECHOSLOVAKIA	72	17	141	..	91	44	..
DENMARK	75	8	133	99	98	87	13,120
FINLAND	75	8	118	100	83	90	10,680
FRANCE	76	10	134	99	112	85	12,190
GERMAN DEM. REP.	73	12	144	..	96	88	..
GERMANY, FED. REP.	73	13	133	99	..	..	13,450
GREECE	74	18	147	..	103	81	4,420
HUNGARY	71	21	134	99	97	40	2,100
IRELAND	73	11	148	98	102	93	5,230
ITALY	74	14	150	98	102	73	6,960
NETHERLANDS	76	8	131	99	101	94	11,790
NORWAY	76	8	124	99	100	94	14,060
POLAND	73	21	134	98	100	77	..
PORTUGAL	72	26	129	78	118	55	2,520
ROMANIA	71	29	126	98	101	75	2,540
SPAIN	74	10	135	..	109	87	5,640
SWEDEN	77	7	119	99	97	86	14,870
SWITZERLAND	76	9	133	99	86	55	17,430
TURKEY	62	119	122	60	101	37	1,540
UNTTED KINGDOM	74	12	132	99	104	82	9,110
USSR	72	..	132	100	106	101	..
YUGOSLAVIA	71	31	140	85	99	83	2,790
THE MIDDLE EAST AND NORTH AFRICA							
ALGERIA	56	114	101	35	95	33	2,140
EGYPT	57	110	117	44	76	52	650
IRAN, ISLAMIC REP. OF	58	105	81	50	101	44	..
IRAQ	57	76	111	..	116	57	..
ISRAEL	73	15	118	..	96	71	5,160
JORDAN	62	67	96	70	108	79	1,620
KUWAIT	70	33	..	60	96	75	20,900
LEBANON	66	40	100	..	118	58	..
LIBYA	57	97	147	..	123	67	8,450
MOROCCO	57	104	110	28	76	24	860

SOCIAL AND ECONOMIC INDICATORS (CONTINUED)

	LIFE EXPECTANCY AT BIRTH (YEARS) 1981	INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS 1981	DAILY PER CAPITA CALORIE SUPPLY AS PERCENTAGE OF REQUIREMENT 1980	ADULT LITERACY RATE (PERCENT) 1980	PRIMARY SCHOOL ENROLLMENT RATIO 1980	SECONDARY SCHOOL ENROLLMENT RATIO 1980	GPN PER CAPITA (DOLLARS) 1981
SAUDI ARABIA	55	111	120	25	64	30	12,600
SYRIAN ARAB REP.	65	60	117	58	100	46	1,570
TUNISIA	61	88	116	62	103	27	1,420
UNITED ARAB EMIRATES	63	52	..	56	116	52	24,660
YEMEN ARAB REP.	43	190	76	21	47	5	460
YEMEN, PDR	46	143	84	40	72	28	460
SUB-SAHARAN AFRICA							
ANGOLA	42	152	83	..	..	..	..
BENIN	50	152	103	28	62	16	320
BURUNDI	45	120	96	25	29	3	230
CAMEROON	50	106	105		104	18	880
CENTRAL AFRICAN REP.	43	146	94	33	70	10	320
CHAD	43	146	74	15	35	3	110
CONGO, PEOPLE'S REP.	60	127	94		156	69	1,110
ETHIOPIA	46	145	76	15	43	11	140
GHANA	54	101	88		69	36	400
GUINEA	43	163	77	20	33	16	300
IVORY COAST	47	125	112	35	76	17	1,200
KENYA	56	85	88	47	108	18	420
LESOTHO	52	113	107	52	104	17	540
LIBERIA	54	152	114	25	66	20	520
MADAGASCAR	48	69	109	50	100	12	330
MALAWI	44	169	94	25	62	4	200
MALI	45	152	85	10	27	28	190
MAURITANIA	44	141	97	17	33	10	460
MOZAMBIQUE		113	70	33	93	6	
NIGER	45	143	92	10	23	4	330
NIGERIA	49	133	91	34	98	16	870
RWANDA	46	137	88	50	70	2	250
SENEGAL	44	145	100	10	44	10	430
SIERRA LEONE	47	205	89	15	39	12	320
SOMALIA	39	145	100	60	41	6	280
SOUTH AFRICA	63	94	118	..	..	..	2,770
SUDAN	47	122	101	32	51	16	380
TANZANIA	52	101	83	79	104	4	280
TOGO	48	107	95	18	116	33	380
UGANDA	48	96	83	52	50	5	220
UPPER VOLTA	44	208	95	5	19	3	240
ZAIRE	50	110	94	55	90	23	210
ZAMBIA	51	104	93	44	95	17	600
ZIMBABWE	55	72	86	69	115	13	870
ASIA AND THE PACIFIC							
AFGHANISTAN	37	205	73	20	30	10	..
AUSTRALIA	74	10	117	100	110	86	11,080
BANGLADESH	48	135	84	26	62	15	140
BHUTAN	45	148	90	..	11	1	80
BURMA	54	98	113	66	84	20	190
CHINA	67	71	107	69	117	34	300
HONG KONG	75	10	128	90	109	62	5,100
INDIA	52	121	87	36	76	28	260
INDONESIA	54	105	110	62	98	28	530
JAPAN	77	7	124	99	101	91	10,080
KAMPUCHEA, DEM.	..	..	88	..	..	..	..
KOREA, DEM. REP.	66	33	126	..	116	..	..
KOREA, REP. OF	66	33	128	93	107	85	1,700
LAO, PDR	43	126	97	44	96	17	80
MALAYSIA	65	30	121	60	92	53	1,840
MONGOLIA	54	53	111	..	105	89	..
NEPAL	45	148	86	19	91	21	150
NEW ZEALAND	74	12	126	99	105	81	7,700
PAKISTAN	50	123	106	24	57	15	350
PAPUA NEW GUINEA	51	102	90	32	62	12	840
PHILIPPINES	63	53	116	75	110	63	790
SINGAPORE	72	12	134	83	107	55	5,240
SRI LANKA	69	43	102	85	100	51	300
THAILAND	63	53	104	86	96	29	770
VIET NAM	63	97	90	87	116	48	..

Activity Four

Primary Health Care

Objectives

Cognitive: Students will be able to:

- Understand the meaning of primary health care and describe at least three of its characteristics.
- Provide an example of primary health care.

Affective: Students will:

- Appreciate that there are different ways to meet health needs and that the appropriate approach depends on a country's needs and resources.

Skills: Students will:

- Read and discuss case study material.
- Practice problem-solving techniques in small groups and report back to the class.

Activity at a Glance

Public health experts are trying a variety of new approaches to achieve major improvements in health conditions for large numbers of people. Taken together, these approaches can be defined as "primary health care." Through a mini-lecture, students review the definition of primary health care and the reasons why this approach seems most likely to improve health conditions worldwide. Then students study two examples of projects that

illustrate basic primary health care principles and are aimed at correcting some of the most common health problems in developing countries. Finally, based on the principles studied in this activity, students, working in small groups, use scenarios that deal with health problems to propose possible solutions.

Preparation

1. Duplicate the student handout, Characteristics of Primary Health Care and the two case studies, one copy for each student.

2. Review the mini-lecture and decide how you will present it.

3. Make one copy of each of the four scenarios, so you can give one to each small group.

Procedure

1. Explaining the Primary Health Care Idea: Mini-Lecture

The mini-lecture is a concise way to provide students with background information, research findings, and/or motivational examples that will pique their interest and give them a framework for the discussion or activity to follow. Its great strength is its brevity.

The information presented in a mini-lecture format can be used in several different ways, depending on teacher preference. One teacher might choose to read or tape the mini-lecture as written. Another might duplicate it to give to students as a reading. It can also form the basis for a personalized version of the mini-lecture, enlivened and enriched by the teacher's own insights, updated information, or vignettes that would have special meaning for students.

No matter how the content is shared with students, the teacher should be sure to keep in mind the "mini" concept: brief, targeted input that sets up an activity or discussion. Mini-lectures should not last longer than ten minutes.

The following information deals with the concepts of primary health care, one way to deliver the services needed to improve health conditions.

PRIMARY HEALTH CARE

During the past three decades developing countries have spent a lot of their health budgets building hospitals in their major cities and training doctors to run them. Consequently, in many developing countries today, two-thirds of the health budget is spent on maintaining expensive, well-equipped, teaching hospitals and associated medical schools.

This system worked well for people who were already sick and who could pay for treatment, but it often neglected the needs of the majority of people who lived in rural villages or city slums and whose health was endangered by poor sanitation, unclean water, and lack of food. The result is that middle and upper-class people who can afford it go to private hospitals, doctors, and dentists, while the majority of people receive little or no health care.

Recently, public health officials, especially those in international agencies, have begun to emphasize primary health care as the key to meeting the basic health needs of all people.

Primary health care improves access to basic medical care, especially for people not now being served, and takes steps to eliminate the causes of disease at a cost people can afford and in a way that respects their cultural background.

Here are some of the characteristics of primary health care:

- It reaches the greatest number of people, especially those who are most vulnerable, such as mothers and children, people in rural areas, and the urban poor.
- It tries when possible to prevent diseases rather than only treat people after they become ill. For example, immunizations protect children from illnesses like measles, polio, and tetanus.
- People at the village and community level are trained to become primary health care workers, so that many more people have access to basic health services.
- Primary health care involves local communities in decisionmaking, planning, and providing services.
- It recognizes the importance of educating people in basic health and hygiene principles.
- A basic premise of primary health care is that efforts to improve health need to be part of other efforts to improve social and economic conditions in a country. For example, reducing malnutrition depends on improvements in food production and distribution.

- Primary health care uses "appropriate technology": methods that make good scientific sense, that people can afford, and that work under local conditions. (An example of appropriate technology is the use of a sand filter system for purifying water where it would be impractical to build a water-treatment plant.)

- It helps people help themselves so that they can become more self-sufficient.

The primary health care approach works in developed countries, too. Here are some examples in the United States:

- Many cities have neighborhood health centers where women receive prenatal care, parents bring their children for physical check-ups and immunizations, and people can be treated for routine illnesses.

- State and local departments of public health educate people about health and safety issues through activities like distributing pamphlets, displaying posters, and producing public service announcements for radio and television.

- Thanks to organizations like the Red Cross, thousands of people, young and old, have learned life-saving techniques such as CPR, First Aid, and the Heimlich Maneuver.

To help you remember the basic characteristics of primary health care I am going to provide you with a handout that lists them. Then we will read about two programs and discuss how well they illustrate the primary health care approach.

2. Discussing the Case Studies

Distribute copies of the student handout, Characteristics of Primary Health Care for reference. Also distribute the two case studies of primary health care programs. Ask students to read through the first case study. Have them raise their hands when they have finished reading.

Using the list of primary health care characteristics on their handouts, have students discuss which ones apply to the case study they have just read. Ask for specific examples from the text.

Go on to the second example, using the same procedure.

3. Using the Primary Health Approach to Solve Problems

Divide the class into four groups. Give each group one of the scenarios. Ask the groups to read through their scenarios, and then as a group decide how to solve the problem. They should keep the primary health care approach in mind, and try to agree on the solution or solutions they believe are best. Remind them that there are no "right" or "wrong" solutions, and encourage them to be as creative as they can!

One person from each group should be responsible for explaining the group's problem and recommendations to the rest of the class. The groups will have about 15 minutes to solve the problem.

Reconvene the class and have the spokesperson from each group give his or her report. After each report, give the other students a chance to ask questions or provide additional suggestions.

4. Summarizing the Activity

End the activity by telling students that the programs they have learned about involve the combined efforts of many people--government leaders, volunteers, public health personnel, and people at the local level. In the next activity they will look at some ways that they themselves can contribute to efforts to achieve health for all.

Optional Activity

Primary Health Care in Your Community

Ask students to investigate and make a list of examples of primary health care in your community. In addition to the examples from the mini-lecture, primary health care activities could include free screenings for high blood pressure, diabetes, or glaucoma; hot lines; vision tests given to all elementary school children and administered by volunteers.

CHARACTERISTICS OF PRIMARY HEALTH CARE

- Primary health care reaches the greatest number of people, especially those who are most vulnerable, such as mothers and children, people in rural areas, and the urban poor.
- It tries when possible to prevent diseases rather than only treat people after they become ill. For example, immunizations protect children from illnesses like measles, polio, and tetanus.
- People at the village and community level are trained to become primary health care workers, so that many more people have access to basic health services.
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- It recognizes the importance of educating people in basic health and hygiene principles.
- A basic premise of primary health care is that efforts to improve health need to be part of other efforts to improve social and economic conditions in a country. For example, reducing malnutrition depends on improvements in food production and distribution.
- Primary health care uses "appropriate technology"--methods that make good scientific sense, that people can afford, and that work under local conditions. (An example of appropriate technology is the use of a sand filter system for purifying water where it would be impractical to build a water treatment plant.)
- It helps people help themselves so that they can become more self-sufficient.

CASE STUDY #1

Background Information

The chances are that you and most of your classmates were born in a hospital, although this was not true for many babies who were born in the United States as recently as 1900. In the developing countries, especially in rural areas, most women deliver their babies in their homes, sometimes under unsanitary conditions that put both mother and child at risk. Did you know that:

- Sixty percent of the world's women do not have access to care during pregnancy and each year half a million mothers worldwide do not live through childbirth.
- In low-income countries, 130 infants out of every 1000 die, many of them from diseases like tetanus, which is spread by a bacteria that can be present on instruments used to cut the umbilical cord, and by traditional practices, like putting fresh cow dung on the baby's navel.

It would be impossible to build enough hospitals in the developing countries for all the mothers who have babies. It is not even necessary or desirable, because there are simpler and less expensive ways to provide safe delivery care that can dramatically lessen the risk of death and illness for mothers and their newborns.

In developing countries, midwives (women who help deliver babies) help most mothers during childbirth. Midwives usually live in the villages, and are well known by the women they help. They are an important resource for countries trying to improve their health services. By giving midwives basic training in pre- and postnatal care and clean delivery techniques, and by providing them with a few simple supplies, the critical services they deliver can be improved, and many of the babies and mothers who now die could be saved.

For example, to detect conditions that need special care, midwives can learn how to monitor the growth of an unborn child. A basic kit can be put together that holds a clean delivery sheet, soap and nailstick to clean the hands of the midwife, a razor blade to cut the umbilical cord, and cotton thread to tie it off. The kit can be simple, inexpensive, and made up of locally available supplies. Midwives can provide or suggest an infant cap made from several layers of cloth which can reduce the amount of body heat a newborn can lose, making him or her less likely to get sick. Midwives can also promote immunization and family planning.

Example

With help from international health agencies, the Ministry of Health in Sudan, a country in Northeast Africa, is testing a new program to train midwives. Hygiene and safety are major themes of the training midwives receive. Trainers use a realistic model of a pregnant woman's body, including the fetus (her unborn baby) and umbilical cord, to teach safe delivery procedures. Midwives spend several days on the model, practicing each step of the delivery from sterilizing instruments to cutting the umbilical cord.

They also learn about pre- and postnatal care, nutrition, breastfeeding, and treatment of diarrhea. When they finish the course, the women receive a basic midwifery kit to take back to their villages.

The results have been encouraging. In one village, not one baby died in the nineteen months since their midwife had been trained. In fact the training has worked so well that the government plans a major expansion of the program over the next few years. They have found that the $50 it costs to train a midwife is a good investment in their country's future.

(Adapted from Wendy Wallace, UNICEF News, Issue 122/1985/1, pp 28-29, "The Real Village Health Workers.")

CASE STUDY #2

Background Information

How many times during the day do you drink a glass of water, brush your teeth, or wash your hands? Most of us do these things without much thought. We don't worry about getting sick from the water, and we don't have to boil it before we drink it. If a community's water supply does become contaminated (as, for example, when hazardous waste materials are not disposed of properly), it is a major health problem.

Yet many people in the world don't have clean drinking water. They get water from rivers, ponds, springs, or open wells that can contain germs, parasites, or poisons. As a result, diseases like diarrhea--the world's major cause of infant death--typhoid, and cholera are easily spread throughout a community.

The challenge is to provide safe water at a cost that poor communities can afford, and to educate people about the link between water, sanitation, and disease.

Example

The village of Cibogo in West Java is typical of many Indonesian villages. The 300 families who live there enjoy a quiet life either farming or making charcoal and mud bricks to sell to people in nearby villages.

Until recently outbreaks of cholera were common in Cibogo, in large part due to unsafe water from unprotected wells. Cholera is an infectious disease that is often fatal. Today, however, such outbreaks are rare. Families have learned to filter (clean the water by passing it through layers of sand and gravel, etc.) and purify their water before using it for drinking.

Who taught the people of Cibogo these life-saving techniques? A group of Boy Scouts. One of the scouts was a young man named Betha Mohammed Sidik.

Betha was one of 50 scouts in the area chosen to be part of a program of the Indonesian Scout Movement, PRAMUKA. The purpose of the program was to train ten million scouts in Indonesia to introduce simple, low-cost methods at the village level in order to promote health and sanitation. The concept seemed simple to Betha when he started taking courses on appropriate technology. "The first thing I thought was that they will teach me how to make simple tools which are appropriate for village use."

In the village, the scouts showed people how to make a filtration system using sand, gravel, palm husks, and a barrel. The unit they gave to the village worked well, but problems came up. "We don't have any palm trees in this village," the villagers said. Finding palm husks and getting them to Sibogo was a problem. The solution was to use the charcoal made in the village instead.

The scouts ran into another problem: the barrel was too small. People in the village wanted a larger tank that everyone could use.

Now the village has a larger filtration tank--this one made of concrete--built by the community itself using the same techniques the scouts showed them. Betha and his friends realized that they were learning how to do their job by listening to the people they were trying to help and understanding the local situation. "I learned that we cannot remain rigid to what has been taught us when we work among the villagers. If we want them to maintain and develop what we have introduced, they must be given motivation to use whatever is available in the village, rather than depend on outside sources."

(Adapted from Daradjat Natanagara, UNICEF News, Issue 121/1984/3; pp. 25-26, "Isn't There a Simple Way?")

SCENARIO #1: MAKING A "COLD CHAIN"

The Problem

Your developing country is manufacturing vaccines to immunize children against the common childhood diseases of measles, polio, diphtheria, tetanus, and whooping cough. Your group is responsible for distributing the vaccine.

One of the problems you have to overcome is how to get the vaccine safely from the laboratory where it is made to the health clinics in the countryside, where the children will get their shots. For vaccines to work, they must be kept cold right up to the time they are used. Therefore, you have to think up ways to refrigerate the vaccine each step of the way.

Things to Consider

- The weather in your country is hot and humid.
- Most rural areas of your country have no electricity.
- There are regional storehouses with refrigerators within a three-hour bike ride of most villages.

How would you get the vaccine safely from the laboratory to the regional storehouses and finally to the local clinics?

SCENARIO #2: SPENDING HEALTH DOLLARS

The Problem

Your group has been asked to make a recommendation to the Minister of Health about possible projects that will improve health conditions for people in your country. You are already considering six ideas, although you can add others if you want. The problem is that your country is poor and can only afford three of them.

The six ideas are:

- Develop and install irrigation systems in the areas most affected by a recent drought that has decreased the food supply.
- Build and equip more hospitals in the overcrowded city areas.
- Produce a series of health education pamphlets that teach people about important topics like nutrition, treatment for diarrhea, immunization, water purification, and hygiene, and distribute them to every health clinic in the country.
- Increase the number of rural health clinics and train local volunteers to provide basic medical care in them.
- Initiate a country-wide immunization campaign to protect children against common childhood diseases.
- Work with the department of civil engineering to improve the roads in the rural areas so that villages are less isolated and easier for public health workers to reach.

Things to Consider

- Life expectancy at birth in your country is about 50 years.
- Malnutrition is a serious problem.
- Although a majority of the people live in rural areas that are hard to get to, the large cities are experiencing an increase in the number of people who have moved there to look for work because the recent drought has made it difficult for them to grow food.

Which three programs would you recommend to the Minister of Health, and why?

SCENARIO #3: PROMOTING ORT

The Problem

Your group is responsible for the design of a health education campaign to train mothers who live in a refugee camp to use a simple, inexpensive treatment for dehydration (loss of fluid in the body) caused by diarrhea. (Diarrhea is the world's single biggest killer of young children.) The use of a basic mixture of common household ingredients keeps children from losing too much fluid when they have diarrhea. This treatment is called Oral (taken by mouth) Rehydration (replacing fluid) Therapy (treatment) or ORT.

ORT is made by mixing 1/2 teaspoon of salt and 2 tablespoons of sugar in an eight-ounce glass of water. It is similar to Gatorade, especially if you substitute juice for water.

If parents knew how to make and use this preparation, many children in the camp could be saved.

Things to Consider

- Many of the people you want to reach cannot read.
- There are three small health centers in the camp serving 20,000 people.
- There are very few television sets but quite a few radios in the camp.
- You have a small budget.

How would you go about teaching people how to use ORT? Who would you teach?

SCENARIO #4: DRINKING AND DRIVING

The Problem

Your state has one of the highest rates of teenage injuries and deaths due to motor vehicle collisions.

The governor has asked your group to serve as a special task force that will develop a set of recommendations to reduce the number of deaths and injuries among young drivers.

In your state, the minimum drinking age is 19. Your state does not have a mandatory seat belt use law.

Things to Consider

Through your research you have learned that:

- Motor vehicle accidents are the leading cause of death for young people (ages 15 to 24) in the country.
- Raising the driving age from 16 to 17 would reduce the number of 16-year-olds involved in motor vehicle collisions by about 70 percent.
- Raising the minimum drinking age to 21 reduces by about 28 percent the number of collision fatalities among young people in the age groups to which the law changes apply.
- Use of seat belts reduces likelihood of death or serious injury by about 50 percent.
- In a 1980 study, fatalities were 54 percent lower among occupants using seatbelts in cars with air bags than among unrestrained occupants in comparable cars without air bags.
- About 45 percent of the fatal crashes involving drivers under 18 years of age occur between 8 p.m. and 4 a.m., and about a dozen states have passed curfew laws that prohibit licensed drivers under 18 from driving during late evening/early morning hours.

What recommendations will you suggest to the governor?

Activity Five

From Knowledge to Action

Objectives

Cognitive: Students will be able to:

- Identify guidelines for selecting and planning a project or activity.
- Propose examples of action projects that could be suitably undertaken.

Affective: Students will:

- Realize that individuals and groups, acting together, can make a difference in improving the health and well-being of others.

Skills: Students will be able to:

- Develop and carry out a plan for an appropriate project.

Activity at a Glance

Through discussion of a case study, students learn how to move from knowledge of health conditions to action aimed at improving health and saving lives. Following a brief brainstorming session, students use the Guidelines for Action to select and plan a project that they can carry out to help meet the goal of Health for All by the Year 2000.

Preparation

1. Duplicate the student handouts How a Computer and Doughnuts Save Lives and Planning for Success, Guidelines for Action for each student.

2. Have newsprint and a marker available if your classroom does not have a chalkboard.

Procedure

1. Introducing the Activity

This is a good time to review some of the major points covered in previous activities. Begin by asking students to list the major points covered so far. Students should come up with the following, but if they don't, briefly mention to students that improvement of health in developing countries and in some sectors of our own country often requires improvements in water supply, sanitation, nutrition, food supply, housing, basic health services such as immunization, and economic conditions.

Continue by pointing out that understanding the problems and needs are an important first step in improving health conditions. It is also important to know that improvements can often be made through small-scale projects that have a life saving impact.

Some of the students, or their parents or friends, may themselves be part of school, club, or church projects that work to improve the conditions of life for people in the local community, the nation, or in other areas of the world. If so, this is a good opportunity to ask them to talk about why they are involved, what they do, how they feel about the work, and what they have accomplished.

Next tell students that in the remaining class time they will learn about how other students have participated in projects that contribute to improving conditions for people somewhere in the world, and then plan a project they themselves would like to undertake, either as a class, in small groups, or individually.

To help get them started, distribute the handout How a Computer and Doughnuts Save Lives. This case study helps students discover how they can contribute to improving health and how making a contribution will add to their own development by increasing their knowledge of the world, themselves, and their classmates, and by mastering leadership and organizational skills as they plan and execute a project.

Allow a few minutes for students to read the case study. Then briefly discuss it, using questions like the following:

- Why do you think the students at St. Stephen's decided to undertake this project?
- What were the benefits of the project for the people in the Nigerian village? For the students at St. Stephen's?
- Based on what you have learned in this module, what kinds of projects would you consider if you wanted to support an international health project in a developing country?
- What kinds of projects would you want to consider if you wanted to improve conditions in your own country or local community?

You may want to follow up the case study by giving students a few more examples of how other young people have pitched in to make a difference.

- Students at Ridgefield High School in Connecticut, under the leadership of English teacher Steve Blumenthal, have organized a club called Global Issues for Students and Teachers (GIFT). GIFT meets every week to discuss topics such as world health problems, hear guest speakers, view films, and plan fundraising projects.

  Students use their creativity to raise money and build support in the community. They hold food drives in front of supermarkets and suggest products for shoppers to buy and donate. Once a month the local movie theatre donates its proceeds to the club. And the club sponsors an annual town-wide "Walk to Feed Our World."

  Some of GIFT's accomplishments include: the construction of six orphanages in Ethiopia; testimony before the House of Representative's Select Committee on Hunger; research on reforestation in Kenya; and participation in the 1987 National Youth Ending Hunger Balloon Launch to support the Child Survival Revolution.

- Students and Scout groups in Georgia are involved in the Haitian Goat Improvement Project, one of several programs sponsored by the International Nursing Services Association (INSA) of Atlanta, Georgia. Americans "adopt" special goats, which are raised by Haitian families. The goats supply needed protein and have helped to improve the incomes, health, and nutrition for the local population. For more information about participating in INSA projects, write to INSA, P.O. Box 15086, Atlanta, GA 30333.

- A group of high school students in Massachusetts collected returnable soft-drink cans and bottles to raise money for an international relief program.

- Students contributed money they would have spent on candy and sodas to a project that provides tooth paste and tooth brushes to poor rural children.

- To improve understanding among young people, students in New Jersey fill a shoe box with a collection of items such as photographs, newspaper clippings, postcards, and holiday decorations that show what their lives are like. The boxes are mailed to a school in the Ivory Coast, Japan, or one of the other countries where they have organized a shoebox exchange. The student recipients then replace the contents with similar things from their country for their new friends in the United States.

- Students in a home economics class make salads, casseroles, or desserts once a month for an inner-city church that provides home-style meals for the homeless.

Other Ideas for Students

- As a class project, help your school celebrate World Health Day (April 7) and World Food Day (October 16). For more information contact World Health Day, American Association for World Health, Suite 530, 2001 S Street NW, Washington, DC 20009 or The National Committee for World Food Day, 1001 22nd Street NW, Washington, DC 20437.

- If you want to do a project similar to the one done by students at St. Stephen's School, the organization called Lasting Links can help you find a project. Using its computer data bank, Lasting Links helps people become supporting partners of health projects in Third World countries. Lasting Links can also help you locate people in your city who can serve as resources for your project. Write to Lasting Links at 6231 Leesburg Pike, Suite 612, Falls Church, VA 22044, or call (703) 241-3700 for information.

- Look for projects in your own community that need support, such as programs that provide meals to shut-ins. Contact them to see how your class can help.

- Arrange a panel discussion for the class or school on subjects like careers in public health or volunteer opportunities overseas.

- To raise awareness about world health conditions, prepare a bulletin board display highlighting a particular topic in the news.

- Organize a walk-a-thon, fun-run, or swim-a-thon in your school to raise money for an organization that works to promote health or for a specific project. (Participants sign up sponsors, who agree to pay a fixed amount of money for each mile or lap covered.)

2. Selecting the Project(s)

Have the class brainstorm a list of possible projects they would like to consider. The purpose of brainstorming is to come up with as many ideas as possible in a short period of time. List all of the projects on the chalkboard or newsprint without evaluation at this stage.

When students run out of ideas, it is time to discuss and evaluate the list they have generated. To help students reach a consensus, put the following headings on the chalkboard or newsprint:

Project Ideas	Who will Benefit?	What is a reasonable goal?	How much time will project take?	Who is interested in working on the project?

Help students assess the practicality of their suggestions, and the amount of energy, time, and leadership they will need. It is better to begin modestly and succeed in reaching a goal than to bite off too big a project and fail. Remember you can always build on success later on!

3. Planning the Project

Distribute the handout Planning for Success to students. The checklist will help students plan a class project/service (or small-group projects), organize themselves, and mobilize resources to complete the project. Planning will depend on the nature of the project, but basically the group should list all the tasks involved in accomplishing the project and then decide who will be responsible for them and set completion deadlines.

Students will be most enthusiastic when they can work on the aspects of the project that they find most enjoyable, and their accomplishment will be greatest if they have a sense of control over the outcome.

Once real enthusiasm about a project is apparent, teachers will want to help the class generate realistic goals. Can students provide information? To whom? In what format? Can they provide a direct service? Can they raise funds for an organization? What difficulties should they be aware of? Can the difficulties be managed?

4. Evaluating the Experience

Students will need time, both during and after their project, to assess the effects of their actions on themselves and on others: What happened? How did people respond? What did the students learn--about themselves and about others? Did they meet their goals? Would they do anything differently? What? Why?

Symbols of appreciation are also important, because they acknowledge students' efforts and achievements. Recognition may take the form of letters or certificates of appreciation, letters of recommendation, newspaper articles, a class party, or an awards presentation.

HOW A COMPUTER AND DOUGHNUTS SAVE LIVES

This is the story of how students at St. Stephen's School in Alexandria, Virginia, are using a computer and doughnuts to save lives.

It started this way. A group of students in St. Stephen's International Club learned in a seminar that many Third World infants die from diseases preventable by simple and inexpensive immunization. They also learned that an immunization program could save the life of one in every ten children, and that it could save an equal number from a serious disease. The students decided they wanted to help with a vaccination campaign in Africa.

They found their immunization project through Lasting Links, a nonprofit, charitable group that uses a computer data bank to match individuals and groups with grass roots development projects of U.S. organizations in Third World countries. The students decided to raise money for an immunization project in Nigeria. They learned that for $2.70, a Nigerian child can be vaccinated against six common childhood diseases, a small price to pay to save the life of every tenth child.

The students organized a series of doughnut sales at their school to raise money. By selling doughnuts for $2 per dozen or 25 cents each, they made a profit of $1-$2 for every box sold. The students had fun and raised $250. For their contribution of $250, St. Stephen's students have the satisfaction of knowing they helped save eight or nine young lives.

There were other satisfactions. The students had fun learning how to organize the doughnut sales, and they valued the new group spirit that emerged from their successful efforts. They also received reports about the progress of the immunization campaign. John Rodgers of the International Club at St. Stephen's says, "We're all pretty excited about getting the first report back from the village in Nigeria. We can really see the kids we are helping. Maybe some of us will become pen pals with some of them."

(This case study was prepared by Raymond Konan and Todd Hanson of Lasting Links.)

PLANNING FOR SUCCESS

Project Idea: _____

Goal: _____

Who should approve this project? (School principal? Parents? Other?)

_____

Which people in your school or community are interested in your project and could serve as advisors or resource people?

_____

What additional resources will you need? _____

_____

List other students in your school who might like to help with the project.

_____

What steps do you need to take to carry out the project? Who will be responsible for them? How long will they take?

Tasks (publicity, phoning, letter writing, etc.)	Person Responsible	Completion Date

How can you let others know about the success of your project? An article for your school or community newspaper? A presentation to your Parent-Teacher Association? Other?

_____

_____

Glossary

Cancer: An abnormal new growth of tissue that interferes with or damages the function of a body system or organ. Can spread from one body site to another. Accounts for 21 percent of deaths in developed countries.

Cholera: An acute and highly contagious disease, often fatal, characterized by severe diarrhea, vomiting, cramps, and collapse.

Contagious disease: A disease that is transmitted only by direct or indirect contact with an infected person.

Dehydration: An excessive loss of water from the body, often as a result of diarrhea.

Developed countries: Countries, usually industrialized, that enjoy a relatively high standard of living and adequate health care. There is much variation within and among countries in this category.

Developing countries: Countries where agriculture usually dominates the economy, poverty is likely to be widespread, and health care often is not adequate. There is probably even more variation within and among these countries than in developed countries.

Diarrhea: Excessive frequency and looseness of bowel movements, often resulting in dehydration. The greatest killer of children in developing countries.

Diphtheria: An acute contagious disease characterized by difficulty in breathing, high fever, and weakness.

Family planning: A program through which parents decide when and how often to have children in order to maximize the health and well-being of all family members.

Fetus: An unborn baby.

Heart disease: Any one of several abnormalities of the heart. A major cause of death in developed countries.

Hookworm: A parasite that attaches itself to intestinal walls, causing malnutrition and anemia.

Immunization: A process that protects the body from any one of several contagious or infectious diseases and sometimes life-threatening diseases. Some of the diseases the body can be immunized against include diphtheria, measles, polio, tetanus, and whooping cough. Immunization may be for a specific time period or it may be permanent.

Infectious disease: A disease that can be transmitted by other means than contact with an infected person. Can also be contagious.

Life expectancy: The average number of years an individual is expected to live.

Malaria: An infectious and often recurrent disease characterized by chills, fever, and sweating. Transmitted by the bite of an infected mosquito.

Malnutrition: The effects of an insufficient or poorly balanced diet.

Measles: A contagious viral disease, usually occuring in children, characterized by red skin eruptions and high fever.

Midwife: A woman who assists the mother in the birth of a baby.

Navel: A small scar in the middle of the abdomen where the umbilical cord was attached to the fetus.

Oral Rehydration Therapy: A simple and inexpensive method for treating dehydration with common household ingredients.

Parasite: An organism that lives entirely on another organism without contributing anything in return.

Pneumonia: Inflammation of the lungs caused by viruses, bacteria, or environmental agents.

Polio (Poliomelytis): An infectious viral disease that attacks the central nervous system and causes muscle damage, paralysis, and often, deformity.

Postnatal care: Care of a woman and her child after the birth of the child.

Prenatal care: Care for a pregnant woman before the birth of her baby.

Primary health care: Basic and essential health care made accessible to all. See Introduction, page 1, for full definition around which this module is organized.

Smallpox: An acute infectious viral disease characterized by chills, fever, aches, and skin eruptions that leave scars. An intensive immunization program has essentially eliminated this disease; the last naturally occurring case was reported in 1977.

Tetanus: An often fatal infectious disease that usually enters the body through wounds. Causes muscle contractions and rigidity (thus the common name of lockjaw).

Therapeutic measures: Procedures designed to cure or heal.

Tuberculosis: A communicable disease causing lesions, often in the lungs but also occurring in the bones or other parts of the body.

Typhoid fever: An acute and highly infectious disease characterized by red rashes, high fever, and intestinal hemorrhaging. Transmitted by contaminated water or food.

Umbilical cord: A cord-like structure that connects a fetus to its mother and both nourishes the fetus and carries away its wastes.

Vaccine: Microorganisms of specific diseases that have been killed or treated in a way that makes them incapable of causing the disease but able to counteract it in a person who is exposed. A person receiving a vaccine is said to be immunized.

Whooping cough: An infectious disease characterized by intense spasms of coughing. Also known as pertussis.

Other Programs and Resource Materials

The following list of programs, materials, and other resources is by no means definitive or exhaustive. Time and resources have not made it possible to identify, obtain, and review every resource, and new ones are continually being developed. It is hoped that this list will be updated periodically, and ways will be developed to inform module users of the new listings.

ADDITIONAL INFORMATION FOR TEACHERS

Brown, Lester R., et al. State of the World 1985: A Worldwatch Institute Report on Progress Toward a Sustainable Society. New York: W. W. Norton, 1985.

> The second report in an annual series on progress toward a sustainable society. Topics covered include reducing hunger, managing water supplies, maintaining world fisheries, protecting forests, conserving biological diversity, increasing energy efficiency, harnessing renewable energy, and stopping population growth.

Chandler, William U. Improving World Health: A Least-Cost Strategy (Worldwatch Paper #59). Washington, DC: Worldwatch Institute, 1984.

> Examines health risks and causes of death in developed and in developing countries, and suggests low-cost health strategies to improve world health. Particular attention to primary health care, drinking water and toilets, low-risk diets, antismoking measures, medical technology.

Chandler, William U. Investing in Children (Worldwatch Paper #64). Washington, DC: Worldwatch Institute, 1985.

> Improving child health and meeting basic needs in the third world require policies that promote food production, clean water, education, and family planning. Development strategies for improving education and health must be combined with economic development efforts. This paper assesses recent efforts in these areas and relates them to the child survival revolution.

The Hunger Project. Ending Hunger: An Idea Whose Time Has Come. New York: Praeger, 1985.

Excellent sourcebook. Includes overview of basic facts about world hunger, including statistics, graphs, charts, and photographs. Clear presentation of issues, various points of view on population, food, foreign aid, national security and international economy. Appendix includes glossary, listing of relevant organizations worldwide, and extensive bibliography. Available in hardcover or paperback.

Pan American Health Organization (PAHO). Health of Adolescents and Youth in the Americas. Washington, DC: PAHO, 1985.

Discusses basic health needs and status of youth in the Western Hemisphere. Outlines health services and education and suggests remedial strategies.

Red Cross Youth. Global Report. Toronto: Canadian Red Cross Society, 1984.

A special report that includes information on Red Cross primary health care projects in developing countries, collaborative efforts to fight African drought, etc., and suggests educational activities for elementary, intermediate, and secondary students.

Save the Children Federation. Hard Choices: Portraits of Poverty and Hunger in America. Westport, CT: Save the Children Federation, 1984.

Case studies with photographs of individuals throughout the U.S. who are poor and/or hungry.

Short, Joseph. "Learning and Teaching Development." Harvard Educational Review. Vol. 55, No. 1, February, 1985.

Discusses development education as a response to "the morally unacceptable fact of poverty, inequality and human misery amidst the plentiful resources of the world," and political and philosophical issues related to "value education." Presents Oxfam America as an example of a development education program.

United Nations Children's Fund (UNICEF). The State of the World's Children 1985. New York: Oxford University Press, 1985.

Provides statistics, research, discussion, and case studies about efforts to increase child survival rates.

U.S. Agency for International Development. AID Policy Paper: Health Assistance. Washington, DC: U.S. Agency for International Development, 1982.

Analyzes the role that health plays in the context of overall development and presents policy directions for health programs funded by AID.

U.S. Agency for International Development. AID Policy Paper: Nutrition. Washington, DC: U.S. Agency for International Development, 1982.

Reviews the justification for U.S. investment in improving nutrition in less developed countries and sets out policy guidelines for AID programs, especially to maximize nutritional impact of AID's economic assistance. In health, emphasis on primary health care which emphasizes growth monitoring, pre- and post-natal nutrition, environmental health, proper infant feeding practices.

Werner, David and Bower, Bill. Helping Health Workers Learn. Palo Alto, CA: Hesperian Foundation.

Describes a people-centered approach to health care, and presents successful strategies for effective community involvement.

The World Bank. World Development Report, 1985. New York: Oxford University Press, 1986.

Focuses on the contribution that international capital makes to economic development and shows how countries at different stages of development have used external finance productively. Many charts, graphs, basic indicators (population/GNP per capita/life expectancy), and health-related indicators are included.

ADDITIONAL READING FOR STUDENTS

Baldwin, Harriet, and Ross-Larson, Bruce. The Developing World (updated version). Washington, DC: The World Bank, 1985.

This book is part of a series, "Toward a Better World" for secondary schools. The Developing World introduces students to the concept of economic development, stresses the interdependence of rich and poor countries, and describes efforts to improve living conditions in developing countries.

CURRICULA

Canadian Red Cross Society. One Earth: Why Care? Red Cross Youth International Development Resource Package. Toronto: Canadian Red Cross Society, 1979.

This loose-leaf curriculum, with seven posters and a wall chart, is designed for middle schools. It includes seven units, each based on a common misconception, which emphasizes world interdependence. Designed to facilitate students' understanding, develop empathy, and motivate them to action. Student materials (for duplication) included in teacher guide.

Canadian Red Cross Society. Tomorrow's World. Toronto: Canadian Red Cross Society, 1982.

Tomorrow's World is a series of classroom activities for secondary students designed to highlight international development issues. The program emphasizes participation and experiential learning in combination with discussion and research. Students are asked to examine development themes through readings, simulation games, research, role-play, statistical interpretations, surveys and special activities.

Czarra, Fred, Long, Cathryn, and Simpson, Jane. American Food and World Hunger. (The handbook for Grades 7-9 of the project Food and Hunger: The Challenge Ahead). New York: Global Perspectives in Education, Inc., 1982.

Curriculum presents ten lessons with student materials, and focuses on the history and current status of U.S. food production and distribution, and on the nation's involvement with other countries on food-related issues.

Czarra, Fred, Long, Cathryn, and Simpson, Jane. World Hunger Issues. (The handbook for Grades 10-12 of the Project Food and Hunger: The Challenge Ahead). New York: Global Perspectives in Education, 1982.

Curriculum presents eleven lessons with student materials which may be used as a unit or as separate activities. Focuses on global trade and development issues, and on relevant U.S. policy.

Dean, Cynthia (with assistance of Patricia Harrell and Ellen Wright). Healthy Children/Healthy World. Atlanta: International Service Association for Health, Inc. (P.O. Box 15086, Atlanta, GA 30333).

Curriculum guide with student materials for grades 6-10 (approximately) includes materials from UNICEF News and The State of the World's Children, 1985 as resources. Lists local (Atlanta) and national organizations as resources. Six

units: overview, one each on growth monitoring, oral rehydration therapy, breast feeding, immunization, and a resources unit.

Joy, Carrol and Regan, Patrick. World Hunger: Learning to Face the Challenge. New York: The Schools Project, Impact on Hunger, (145 E. 49th Street, New York, NY 10017).

A flexible, looseleaf curriculum on world hunger for elementary and secondary students. Curriculum is organized into:

- Background information for teacher (48 pp.)
- Elementary program: Hour-long classroom strategies for relating world hunger to special school events and holidays (e.g., World Food Day, Thanksgiving, Valentine's Day)
- Secondary program: For each of 5 subject area (Social Studies, Language Arts, Health/Nutrition, Visual Arts, Sciences), program provides three levels of lesson plans (beginning/intermediate/advanced), with five lesson (days) each. Program includes suggestions for class sessions and homework, as well as follow-up class action projects.
- Section on Impact Groups (ongoing student action groups)
- Section on Evaluation of students
- Resource section (books, films, organizations)

Wright, Ellen Hayes, and Harrell, Patricia S. Teaching About Developing Nations: The Role of Food and Hunger. Atlanta: International Nursing Services Association, Inc. (INSA), 1985 (P.O. Box 15086, Atlanta, GA 30333).

This program is designed to help students understand the global implications of hunger and poverty in developing countries by examining their effects on political stability and peace, economic and development productivity, and the wellbeing of families.

The World Bank. The Development Data Book. Washington, DC: The World Bank, 1984.

Teacher's guide and student book provides social and economic statistics on 125 countries to use in a series of activities on life expectancy, adult literacy, population growth, GNP per capita and merchandise exports.

AUDIO-VISUAL RESOURCES

All Our Futures. U.S. Committee for UNICEF, 331 East 38th Street, New York, NY 10016.

Narrated by Peter Ustinov, this film traces the history of UNICEF from its first years in post-War Europe to its current development work for children in over 100 countries. This 28-minute film is in color.

Especially the Children. U.S. Committee for UNICEF, 331 East 38th Street, New York, NY 10016.

Narrated by Liv Ullman, this 18-minute color film shows the desperate need for food and emergency services and how UNICEF is working with most developing countries to meet their basic needs.

Haiti. International Nursing Services Association, Inc., P.O. Box 15086, Atlanta, GA 30333.

A slide presentation that briefly introduces the history, geography, people, customs, and problems of this developing nation. Eighty slides with accompanying script. Presentation is available free of charge for educational purposes.

INSA: People and Projects in Haiti. International Nursing Services Association, Inc., P.O. Box 15086, Atlanta, GA 30333.

This presentation introduces INSA and describes projects carried out in Atlanta to benefit the people of Haiti. The importance of goats to good nutrition in Haiti and INSA's Haitian Goat Improvement Projects are discussed. Fifty slides with accompanying script. Presentation is available free of charge for educational purposes.

Journey for Survival. U.S. Committee for UNICEF, 331 East 38th Street, New York, NY 10016.

The United Nations has declared 1981 through 1990 the decade of drinking water supply and sanitation. This film shows the continuing journey for survival and the collective efforts of nations and international organizations to bring an end to the quest. This 15-minute film is in color, and a teacher's guide is available.

Protect Them Now. U.S. Committee for UNICEF, 331 East 38th Street, New York, NY 10016.

This 20-minute film depicts the efforts of health workers in Ghana to make people aware of the importance of early vaccination.

ORGANIZATIONS

Agency for International Development (AID)
Washington, DC 20523

A government agency that coordinates U.S. foreign assistance efforts and implements a variety of economic assistance programs through its field missions in over 60 countries in the developing world.

American Association for World Health (AAWH)
c/o CNI
2001 S Street, N.W.
Washington, DC 20009

A nonprofit, nongovernmental agency that informs citizens about world health issues and problems and endeavors to strengthen public support for programs of the World Health Organization, the Pan American Health Organization, and other agencies that improve health conditions worldwide. AAWH sponsors World Health Day in the United States.

CARE World Headquarters
660 First Avenue
New York, NY 10016

Involved in overseas relief and development activities. Distributes various audio-visual and printed materials on hunger, health care, development, and child survival.

Global Perspectives in Education
Box GPIEN, 218 East 18th Street
New York, NY 10003

A private, nonprofit educational organization that provides human and material resources to help bring global education to American schools, colleges, and universities.

INSA, The International Service
Association for Health
P.O. Box 15086
Atlanta, GA 30333

Promotes development education through direct involvement in overseas projects. Has curriculum guides on hunger and child survival, slide presentations on India and Haiti, and ideas for ways that students and youth groups can become involved in INSA projects.

Lasting Links
6231 Leesburg Pike
Falls Church, VA 22044

A clearinghouse for small-scale projects from many different organizations, Lasting Links will match schools or other groups with a particular relief or development project to suit their interest.

National Committee for World Food Day
1001 22nd Street, N.W.
Washington, DC 20437

World Food Day (October 16) is observed to increase public awareness of the world food situation and to develop national and international support for the struggle against poverty, hunger, and malnutrition. The National Committee can provide information and ideas for this annual observance.

The National Council of Returned Peace Corps Volunteers
1241 Amsterdam Avenue
New York, NY 10027

Provides information on speakers and returned Peace Corps Volunteers. Its development education project is aimed at introducing returned volunteers to schools.

Oxfam America, Inc.
115 Broadway
Boston, MA 02116

A private, nonprofit organization dedicated to ending hunger and promoting development through the world by giving people in developing countries the tools and knowledge to become self-sufficient.

Save the Children
54 Wilton Road
Westport, CT 06880

An international child-assistance agency working with children and their families in 44 countries, including the United States. Their programs are designed to enhance living conditions through self-help projects.

U.S. Committee for UNICEF
331 East 38th Street
New York, NY 10016

Cooperates in developing countries' efforts to improve the condition of their children. UNICEF can supply information on how school groups can plan fund raising events that support the organization's activities.

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